

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000005299

**Entity Name:** WORLDPAY INTEGRATED PAYMENTS SOLUTIONS, INC.

**Current Principal Place of Business:**

8500 GOVERNORS HILL DRIVE  
CINCINNATI, OH 45249

**Current Mailing Address:**

8500 GOVERNORS HILL DRIVE  
CINCINNATI, OH 45249 US

**FEI Number: 83-0362343**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           WARNER, JARED MICHAEL  
Address        5537 WINDING CAPE WAY  
City-State-Zip: MASON OH 45040

Title           DIRECTOR  
Name           VASILEFF, ANN MARIA  
Address        1301 FIRST ST SOUTH, UNIT 808  
City-State-Zip: JACKSONVILLE FL 32250

Title           PRESIDENT AND CHIEF EXECUTIVE  
                  OFFICER  
Name           GARY A., NORCROSS,  
Address        601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title           CFO  
Name           JAMES W, WOODALL,  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title           SECRETARY  
Name           KELLER, CHARLES HARRISON  
Address        704 S. HARBOR LIGHTS DRIVE  
City-State-Zip: PONTE VEDRA FL 32081

Title           SENIOR VICE PRESIDENT AND  
                  TREASURER  
Name           DAUGHTREY, VIRGINIA ANNE  
Address        3363 RICHMOND ST  
City-State-Zip: JACKSONVILLE FL 32205-9457

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLES HARRISON KELLER**

**SECRETARY**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date